

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 0 — 0 7

2. STATE:

Kansas

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 431.110 (b), 42U.S.C. §1396

7. FEDERAL BUDGET IMPACT:

a. FFY 2000 \$ 0

b. FFY 2001 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19B #25
Page 19. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

N/A

10. SUBJECT OF AMENDMENT:

Reimbursement for Indian Health Service and Tribal 638 Health Facilities.

11. GOVERNOR'S REVIEW (Check One):

- ☐
- GOVERNOR'S OFFICE REPORTED NO COMMENT
-
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
-
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:Janet Schalansky is the Governor's
Designee

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Janet Schalansky

14. TITLE:

Secretary

15. DATE SUBMITTED:

03/30/00

16. RETURN TO:

Janet Schalansky
6th Floor, Docking State Office Building
915 SW Harrison
Topeka, KS 66612**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

03/31/00

18. DATE APPROVED:

JUL 30 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

01/01/00

20. SIGNATURE OF REGIONAL OFFICIAL:

22. TITLE: Acting

ARA for Medicaid and State Operations

21. TYPED NAME:

Nanette Foster Reilly

REMARKS:

SPA CONTROL

Date Submitted: 03/30/00

Date Received: 03/31/00

Substitute per letter dated 05/21/01

State Plan for Title XIX

Attachment 4.19 B

State: Kansas

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REIMBURSEMENT FOR INDIAN HEALTH SERVICE
AND TRIBAL 638 HEALTH FACILITIES
Methods and Standards for Payment Rates

Kansas Medicaid will pay all facilities operated by IHS or a tribal 638 facility owned and operated by tribes or tribal organizations with the federally established rate in the most recently published Federal Register Notice.

Services included in the all-inclusive rate are jointly determined by HCFA and IHS. Services that are billable to Kansas Medicaid would include all professional services in the State Plan.

TN. No. #00-07

Effective Date: 01/01/2000

Supersedes TN:

Approval Date JUL 30 2001